U.S. CONGRESSMAN ALLEN BOYD'S

U.S. Service Academy Nomination Recommendation Form

NOTE TO CANDIDATE: You are required to submit three recommendation forms -- (1) from your high school counselor or principal, and (2) others from a math or science teacher, coach, employer, or someone who knows you well. Have them return the completed forms to you in a sealed envelope with their signature across the seal. Send this recommendation form along with your other application materials to my Tallahassee office by the October 21, 2005 DEADLINE!

1.	Name of Applica	ant Last	First	Middle				
	Address							
		Street	City/State	Zip				
admi educ of in conv appr appr will	ission to one off the ation leading to a c formation that wou renience only, and vopriate. Your assist eciated. Please seasubmit it unopened	United States Service A areer as a military office Id be helpful in the select we would welcome your tance in this candidate's		provide a college ow suggest the kind provided for your latever form you see o us and is greatly				
2.	How long have you known the applicant and in what capacity?							
3.	What do you consider to be the applicant's talents or strengths?							
4.	What do you consider to be the applicant's weaknesses?							
5.	Do you know of any personal circumstances or conditions which might effect the applicant's performance at the academy?If yes, please explain:							

6. Please give us your appraisal of the applicant in terms of the qualities listed below. Leave blank those which you have no information about.								
	Usually Outstanding Top 5%	Superior Top 15%	Excellent Top 1/3	Good Mid 1/3	Average Bot 1/3	Poor Bot 2%		
Intellectual Ability								
Ability to Work With Others								
Leadership Qualities								
Imagination and Creativity								
Motivation Maturity								
Overall Character								
7. Please comment or statement about the would be helpful in academies. (<i>Do no</i>	e applicant's red n considering th	cord, potent nis person's	ial, or perso application	onal qualit for one o	ies which	you believe		
Recommender's Signature								
Recommender's Name (pl	ease print)							
Position or Title:		Scho	ol or Firm:_					
Address:Stree	et	City		State	Zi	<u></u>		

Please return this form in a sealed and signed envelope to the applicant as soon as possible.